

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED GONZALEZ-CONTRERAS, ALFONSO		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:02-000026-001		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. GONZALEZ-CONTRERA		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
				6. OTHER DKT. NUMBER	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 963=CI.F -- ATTEMPT/CONSPIRACY - CONTROLLED SUBSTANCE - IMPORT/EXPORT					

FILED

DISTRICT COURT OF GUAM

AUG 24 2005

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)
AND MAILING ADDRESS
Trapp, Howard
139 Chalan Santo Papa
Suite 200, Saylor Building
Hagatna GU 96910

Telephone Number: (671) 477-7000

13. COURT ORDER
☒ O Appointing Counsel
☐ F Subs For Federal Defender
☐ P Subs For Panel Attorney
☐ C Co-Counsel
☐ R Subs For Reporter/Clerk
☐ Y Standby Counsel

Prior Attorney's Name: _____
 Appointment Date: _____

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)
 ACKNOWLEDGED RECEIPT
 By: *Jalan ada*
 Date: *08/24/05*

☒ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to pay for counsel and (2) does not wish to waive counsel, and because the interests of justice require, the attorney whose name appears in item 12 is appointed to represent the defendant in this case, or
☐ Other (See Instructions)
Leilani R. Toves Hernandez
 By Order of the Court
 Date of Order: 09/22/2003
 Nunc Pro Tunc Date: _____
 Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:					
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.
 I swear or affirm the truth or correctness of the above statements.
 Signature of Attorney: _____ Date: _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE